KANSAS WIC PROGRAM MINIMUM STOCK EXEMPTION FORM

I,Name of Store Representative	, an authorized representative of Name of Store RepresentativeName of Store					
T mand of cools respisation.					. want of score	
located atStreet Address		City	State	Zip	County,	
	or the product((s) noted dı	ie to a ĺack		he Kansas WIC program. I am for infant formula or Lactose Free	
Products selected are appr	oved for exem	nption:				
Enfamil w/Iron Enfamil LIPIL w/Iron ProSobee LIPIL Enfamil Lactofree LIPIL Enfamil Gentlease	Powder Powder Powder Powder Powder	Conce	entrate entrate entrate entrate			
Lactose Free Milk						
product(s) only. I further u requests a specific infant for	nderstand and mula (as listed	agree that i l above) or l	f a WIC cli Lactose Fre	ient or a Lo e milk, the	ation only, and is for the indicated ocal Agency WIC staff member requested product will be ordered ble to participants within 72 hours	
	tion against th	e store. I ui			evocation of the exemption and may hat this exemption may be revoked	
Authorized Signature of Store Representa	tive		Date			
Local Agency Approval:						
Name of Authorized Local Agency WIC S	taff	_	Date			

A copy of this signed/approved form must be maintained and available for review at the site of the WIC vendor. A copy of this signed/approved form must be on file at Local and State Agency levels.